

097701921

FILE NUMBER

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51							
2		1		1			52							
3		1		1			53							
4		1		1			54							
5		1		1			55							
6	1		1				56							
7		1		1			57							
8		1		1			58							
9		1		1			59							
10		1		1			60							
11		1		1			61							
12		1		1			62							
13		1		1			63							
14		1		1			64							
15		1		1			65							
16		1		1			66							
17		1		1			67							
18		1		1			68							
19		1		1			69							
20		1		1			70							
21		1		1			71							
22		1		1			72							
23		1		1			73							
24		1		1			74							
25		1		1			75							
26		1		1			76							
27		1		1			77							
28		1		1			78							
29		1		1			79							
30		1		1			80							
31		1		1			81							
32		1		1			82							
33		1		1			83							
34		1		1			84							
35		1		1			85							
36		1		1			86							
37		1		1			87							
38		1		1			88							
39		1		1			89							
40		1		1			90							
41		1		1			91							
42		1		1			92							
43		1		1			93							
44		1		1			94							
45		1		1			95							
46		1		1			96							
47		1		1			97							
48		1		1			98							
49		1		1			99							
50		1		1			100							
TOTAL IND.		1		1			TOTAL IND.							
TOTAL DEP.		1		1			TOTAL DEP.							
TOTAL CLAIMS		1		1			TOTAL CLAIMS							